

Bur-Mil Park

Counselor-in-Training (CIT) Application

CITs Information: *(Please print all information below)*

CITs name (First/Last): _____ Age: _____ Gender: M or F (Circle One)

Date of Birth: _____ Grade Completed as of June 2006: _____ School: _____

Parent or Guardian Information:

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Emergency Contact: *(someone other than the parent/guardian; will be used if parent/guardian can not be reached)*

Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

CIT Request: *(Check the weeks you are requesting to attend camp as a CIT.)*

April 10-14	
June 12-16	
June 19-23	
June 26-30	
July 3-7	
July 10-14	
July 17-21	
July 24-28	
July 31-Aug. 4	
August 7-11	
August 14-18	
August 21-24	

*After the CIT has attended camp for one week, his/her performance will be evaluated and if performance is at a satisfactory level, the CIT will receive a written invitation to return to camp the following week. The CIT will be evaluated every week he/she attends camp. The CIT **MUST** receive a written invitation at the end of each week in order to return to camp the following week.

Applicant's Signature

Date

Parent/Guardian Signature

Date